(Sample Readiness Review Tool) CDHS DISEASE MANAGEMENT PILOT PROGRAM (EXTERNAL) CONTRACT DELIVERABLE APPROVAL FORM

Date:		Version: Initial	
Return To:		Due Date:	
Name of DMO: County: Deliverable Item: Exhibit A, Attachment 1 – Management Information System 1.ae. Submit policies and procedures for the operation and maintenance of the Management Information System.			
COMMENTS TO DMO: Approved as Submitted: Pended (explain below): Additional Information Requested (list below): Submit to CDHS by			
SUBMIT TO:	For US Postal Service Mail: Benefits Analysis Section CA Department of Health Se Medi-Cal Policy Division Mail Stop 4601 P.O. Box 997417 Sacramento, CA 95899-741	For Board Bo	enefits Analysis Section A Department of Health Services ledi-Cal Policy Division lail Stop 4601 501 Capitol Avenue acramento, CA 95814